

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of <u>all</u> of its lobbyists. The designation form is to be completed and submitted by <u>January 31st of each year.</u> This designation will be effective for the reporting of all expanditures made during that calendar year. This form must include year. This designation will be effective for the reporting. Also, please list a contact person who will be responsible for completing a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation inaffective.

histing of all persons to terror any correspondence regarding reporting de such reports and for receiving any correspondence regarding reporting de may render your designation ineffective.		
Hand deliver or mail to: 2415 Quait Drive, 3 rd Floor, Baton Rouge, LA	, 7 0 808	
Fax 10: (225) 763-6787 or (225) 763-8780		
LEMPLOYERIPRINCIPAL RICHARD WIN	16-ET	FOR OFFICE USE ONLY Postmark Date OS 1141
2. BUSINESS ADDRESS 500 ARCOLA RD. (OLLEGE V Street and No. City	<u>State Zip</u>	3060940
MAILING ADDRESS Street and No. Chy	State Zip	
3. CONTACT PERSON: CAPON! JAMES	MI	
4. MAILING ADDRESS Street and No. Gity	State Zip	ven S
5. PHONE NUMBER 484-865-4157	— SCANI	Men
484-865-4277	AUG 0 9	Zünp
Area Code and Fex Number	By:	
7. Names of Lobbyists who are employed by or who represent the Inter	ests of the Principal listed ab	gye. Las
1) Name: H1625 BE7H Last First	E	XEC.ID.#\OB
· - • · ·		EXEC.ID.#_124
2) Name: First	[AI	EXEC.1D.#\ <u>\</u>
3) Name: WOOD JEREY Lost First	MI	
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4) N	lame: GUILLORY	ED		EXEC.ID.#_	100	
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6) N	lame: ANDERSON	C HAI)	MI	EXEC.ID.#	11/10	
7) N	teme: <u>GRA-DY</u>	DUSTIN		EXEC.ID.#_	120	
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91 N	Isme: MARASCO	FRANK		EXEC.ID.#_	121	
٠, ،.	lame: <u>MARASCO</u> Last	First	MI			
10) (Name: WATKINS	BRANDIE		EXEC.1D.#_	125	
,	Last	First	MI			
			,			
Pursuant to LSA-R.S. 49:76G(2)(a),						
Name of Employer of Principal is exercising the option of filing expenditure reports for all executive lobbying expenditures						
made on my/its behalf by persons representing my/its interests during the year of						
I hereby certify that the information contained herein is true and correct to the best of my						
knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et						
seq. has been deliberately omitted.						
	·					
Signature of Employer/Principal or Representative						
at Britain a state of market and and and and and						
	Print or Type Full Name					
	From or Topic Point Points					
	Form 506, Rev. 7/04	Page 2 of 2 4/				

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a listing of all persons for whom you will such reports and for receiving any corresponds render your designation ineffective.	be reporting. Also, please lis pondence regarding reportin	t a contact persor	n who will be	responsible for completing
Hand deliver or mail to 2415 Quail Dr OR Fax to: (225) 763-8787 or (225) 763-4	rive, 3 nd Floor, Beton Rouge, 9780	LA 70808		
1. EMPLOYER/PRINCIPAL		_/		FOR OFFICE USE ONLY Postmark Date:
2. BUSINESS ADDRESS Street and No.	Sales Contraction of the Contrac	State		
MAILING ADDRESS Street and No.	City	State	Zip	
3. CONTACT PERSON: Lest	First		MI	
4. MAILING ADDRESS (If different from above) Street and No. 5. PHONE NUMBER	City	State	Zip	
, , , , , , , , , , , , , , , , , , ,	de and Phone Number			
Area Cox 7. Names of Lobbyists who are employed by	de and Fax Number y or who represent the intere	ets of the Princip	al listed abov	re:
1) Name: AN OGR SUN	GRANT First	<u>.</u>	EXE	CID.# 101
2) Name: BREETHVE	TEREMY First		EXE	C.ID.#
3) Name: ECHE GARRUA-	KAREN		EXE	C.ID.# 106

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4)	Name:_	HASTINGS	Col EY		EXEC.ID. #	28
51	Name: '	GALDERARD	First AUGUST	MI	EXEC, ID,#	เกร
		Last	First	WI		
6)	Name;_	SM17H	KAREN	MI	EXEC.ID.#	110
7)	Name:_	KILCLINE	VICKIE	IVI	EXEC.ID.#	117
		Last	First	M(ENCO, ES	4+
8)	Namo:_j	ROUGEAU	ANDROTH		EXEC. ID.#	118
			First	. МІ.		.,
8)	Mame:_				EXEC.ID.#	
		Lest	First	WI		
10)	Name:_				EXECUD#	
		Last	First	MI		

Pursuant to LSA-R.S. 49:76G(2)(a), LCHARD WINGET

Name of Employer or Principal
is exercising the option of filing expenditure reports for all executive lobbying expenditures
made on my/its behalf by persons representing my/its interests during the year of 2005.

I hereby certify that the information contained herein is true and correct to the best of my
knowledge, Information and belief; and that no information required by LSA-R.S. 49:71 et
seq. has been deliborately omitted.

Signature of Employer/Principal or Representative

Richard N. Winget

Print or Type Full Name

Form 506, Rev. 7/04

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